



LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Kimberly A. Foster
Executive Director

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APPROVED MINUTES

A Special Meeting of the Commission for Children and Families was held on Monday, **December 17, 2007**, at Homeboy Industries, 130 West Bruno Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Ann Franzen
Susan F. Friedman
Helen A. Kleinberg
Rev. Cecil L. Murray
Tina Pedersen
Sandra Rudnick
Stacey Savelle
Adelina Sorkin
Dr. Harriette F. Williams

COMMISSIONERS ABSENT (Excused/Unexcused)

Patricia Curry
Dr. La-Doris McClaney
Trula J. Worthy-Clayton

APPROVAL OF AGENDA

The agenda for the December 17, 2007, meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes of November 19, 2007, were unanimously approved.

The minutes of December 3, 2007, were unanimously approved.

CHAIR'S REPORT

- Chair Sorkin thanked everyone for coming, and praised the passion of Homeboy Industries staff and participants for helping individuals improve their lives.
- The faith-based survey approved on December 3 has been distributed, and Commissioners are working with the Probation Department and Department of Children and Family Services director Trish Ploehn to ensure that responses are submitted.
- Chair Sorkin asked that Commissioners who are planning to attend the St. Anne's conference at the end of January respond to the office as soon as possible.
- To more efficiently distribute the various reports that come to Commissioners' attention, Commissioner Biondi suggested e-mailing a list of what's available rather than photocopying full sets of documents that may not be of interest to all.

DIRECTOR'S REPORT

- Ms. Ploehn distributed copies of DCFS's new professional standards of dress and grooming, which went through a long process of approval by the unions, the county's Department of Human Resources, the Chief Executive Office, and DCFS managers. She believes that if DCFS wishes to be treated as a professional agency, it needs to act like one, and these standards are a step in that direction.
- DCFS is currently preparing for the 2008 Federal children and family services review of child welfare practices, which all states undergo every five years. Because of its size, Los Angeles is always one of the three California counties from which review cases are randomly selected. This year, half the state's cases are pulled from here, 29 from DCFS and 1 from Probation. Ms. Ploehn expects improvements to be noted in visitation, overall child well-being, and other compliance issues, as the department has worked hard in those areas over the last five years. Mitch Mason heads the team that is making sure the identified cases are in order, and review personnel are expected the first week of February.

(As a state, California has already failed this audit, based on a recent review of standards and performance in Sacramento; most other states are failing, too, just as they did in 2002. Since that time, standards have been changed so that a somewhat different evaluation is being performed this year, and passing scores have been raised from 90 percent to 95 percent compliance.)

In response to Chair Sorkin's query about ongoing quality assurance, Ms. Ploehn explained that the 15-person quality compliance section active in 2003 was disbanded with the department's focus shift to case-carrying workers. Case review responsibility moved to office managers and supervisors, but in the last year or so, Ms. Ploehn has not been satisfied that the structure operates adequately in every office. Last week, she assigned Dick Santa Cruz to a new position as quality control and compliance manager (he will also remain in charge of structured decision-making), and asked him to formulate a plan for more formalized control. Various types of data will be col-

lected—visitation, medical, dental, case plans, independent living plans, and so forth—that will be combined with the information reviewed in monthly data meetings. Enhanced standards will also be adopted; for example, the Federal government finds 90 percent compliance on social-worker visitation acceptable, but Ms. Ploehn will require 100 percent compliance unless a justifiable reason exists why children are not regularly seen by their workers.

In the past, Commissioner Kleinberg said, cases were read in the regional offices as a matter of course, not as a result of any specific compliance issues, and Ms. Ploehn said that County Counsel's Rose Belda brings the DCFS executive team cases for review from time to time. Ms. Ploehn wants to return to regular case readings, but can't justify pulling workers off the line—or establishing a new quality assurance division—to do so until caseload counts have decreased. Early next year, she hopes to implement a prototype for compliance review that brings two offices together with the executive team to look at randomly selected cases, so that the department can learn from its successes as well as its problems.

- Ms. Ploehn distributed an update on the Title IV-E waiver implementation, which is initially concentrated in three areas:
 - ✓ In the expansion of family team decision-making, eight of the fourteen additional facilitators have been hired.
 - ✓ Pilot units for family-finding and engagement are being established in Metro North and Pomona.
 - ✓ Because nights and weekends are when most detainments occur, Casey Family Programs has authorized the use of \$238,000 in funds originally meant for another purpose to establish the command post's ability to do up-front assessments for mental health, substance abuse, and domestic violence.
- At a recent Board deputies meeting, DCFS medical director Dr. Charles Sophy distributed a list of the numbers of DCFS children on psychotropic medication, and Commissioner Rudnick was appalled to see that some youth are being prescribed as many as four to eight different medications. Dr. Sophy assured her that someone would examine these children within the next few weeks, and Ms. Ploehn reported that Judge Nash and Judge Henry at the children's court—which is responsible for approving prescriptions—were equally upset about the issue. The children's cases will be reviewed, starting with those on the greatest number of medications, and it is hoped that at least some will be found to be clerical errors or switches in prescriptions that were not properly noted.

VISITATION PRESENTATION

Ms. Ploehn recently distributed a memo to staff on the importance of children's visitations with their parents and siblings, and Marilynn Garrison reviewed the history of the court guidelines for visitation that were released in March 2006. An extremely close cor-

relation exists between ongoing family visitation and ultimate reunification; if any single activity ensures that children get to permanency, it is visitation. Earlier this year, 200 human services aide positions were added department-wide to assist with arranging and monitoring visits for the various offices; to date, 139 aides have been hired, and 61 positions are either vacant or awaiting criminal clearances.

Discussions with the union on the workload impact of the visitation guidelines are still pending, but a document will be submitted early next year that proposes full implementation by one office in each service planning area. In the meantime, family visitation should be agreed upon in written detail during initial team decision-making conferences, laying out times, locations, and whether supervision is necessary. Visitation plans should evolve as families evolve, always including siblings if they are not placed together. As parents improve their ability to make good judgments around their children, plans should be liberalized to include more frequent visits and perhaps some overnight stays.

Dana Simpson distributed copies of an article taken from the point of engagement website about the speedy reunification of a family of eight—six children placed in four different foster homes—in part resulting from heroic efforts on the part of Lakewood office social workers and human services aides to comply with the court's thrice-weekly visitation order. She hopes that hearing these kinds of stories will 'trickle down' the conviction to other staff that visitation efforts can make a tremendous difference to families.

Commissioner Biondi asked if success stories are more frequent with the extra support of foster family agencies; although Ms. Garrison replied that they were a mixture, Commissioner Biondi thought that reviewing the numbers would be interesting. In Ms. Garrison's new position with the DCFS out-of-home care division, she was pleased to see the visitation guidelines included in pending contracts for group homes and foster family agencies, exposing them to the concept and encouraging them to assist.

At a September conference at the Carson Community Center, a panel of youth who had aged out of the system spoke to a large audience of caregivers, parents, and DCFS staff about how much regular visits with their families would have meant to them when they were in care. Parents agreed, with one formerly incarcerated mother reporting that not only had she not been visited by her child while she was in jail, but she hadn't even been told the name of the social worker on the case. An organization called Friends Outside has established a point person at the Lynwood county jail—which houses all criminally charged mothers of DCFS children except those detained in juvenile hall—to make sure that those women are getting appropriate services. Representatives sit down with the individual mothers to talk them through the child welfare process (much like the parent-to-parent program mentioned by Vice Chair Savelle, at the Sybil Brand Institute), and hope to do that on a weekly basis. An attorney from the Harriet Buhai Center also spoke to DCFS managers about visitation and services for incarcerated parents, and wants to reach out to the parents themselves. In the Torrance office, Katie A. panel member Marty Beyer made a recent presentation on visit coaching to a faith-based gathering.

Ms. Ploehn's early-December memo emphasized visitation during the holiday season, when parents without their children have a particularly difficult time. As a result, offices have been relying on their human services aides to assist with supervising visits and providing transportation to and from relatives' homes and other holiday-friendly environments, and staff with work restrictions who can no longer carry cases have also been pulled in. When social workers themselves take time off, they make sure that detailed visitation instructions are left on case records, to be followed in their absence. The family-finding teams with the permanency partners program are also locating the far-flung relatives of older youth and obtaining court approval for out-of-state visits. Events for parents and children are being held, and offices are trying to make sure that parents with limited financial means have presents to give to their children. Ms. Garrison believes that staff consciousness has been raised about the importance of meaningful visitation, and that should make a difference both during this season and throughout the coming year.

Suggesting that the assistance social workers now have may contribute more to visitation success than their raised consciousness, Vice Chair Savelle asked about the pool of candidates for the human services aide jobs. Many have held other positions in the department and have been promoted from within, Ms. Garrison said. After an open exam, they receive three weeks' training and are subsequently monitored during their initial months. Their involvement is in addition to the social worker's, and as they supervise visits when the worker cannot, they often serve as the worker's eyes and ears on the case. In response to Commissioner Pedersen's request, Susan Jakubowski promised to provide Commissioners the training curriculum for human services aides.

Commissioner Kleinberg voiced her distress over the department's still relying on the 'trickle-down' theory for increasing visitations, even though the set of recommendations that evolved into the court's guidelines were originally made in 2004. She sees many resources going to children who have been in the system for long periods, but few for the newly detained. Can offices volunteer to do a full visitation program? How can workers report accurately on a family's progress toward reunification if they don't see them interacting with the child? How can visits be scheduled with parents who work or go to school when social workers are not on duty evenings and weekends? Commissioner Kleinberg believes that a massive visitation project is in order, working with community partners to fold all the pieces together, and particularly to address the disproportionate representation of African-American children among those in the DCFS system who are not reunifying with their families.

Commissioner Biondi requested a presentation in 2008 on incarcerated parents, since sibling and parent incarceration is a significant predictor for youth incarceration. She would like an opportunity to see the numbers and shed light on the issue, especially in terms of motivating the young women in camps and juvenile halls who have children in care.

CHILDHOOD OBESITY PRESENTATION

Dr. Paul Simon, the director of the Department of Public Health's **chronic disease and injury prevention section**, is a pediatrician by training and has worked in public health

for more than 15 years. He distributed copies of DPH's October 2007 publication, "Preventing childhood obesity: the need to create healthy places," which breaks down information related to obesity—including economic hardship and the availability of parks and open space—by community throughout the county.

Dr. Simon termed the prevalence of obesity among U.S. children a 'wake-up call' for public health. Over the last generation, the National Health and Nutrition Examination Survey (NHANES) has found a tripling in the obesity rate for children ages 6 to 11 and ages 12 to 19—in other words, millions of children are obese today who would not have been had they been raised a generation earlier. In California, height and weight is measured as part of the state fitness tests given to public-school students in grades 5, 7, and 9, and data collected on 300,000 children in Los Angeles County indicates that between 20,000 and 25,000 children moved into the obese category every year from 1999 through 2005. That increase leveled off in 2006, but whether that is a real plateau or a one-year anomaly is yet to be seen.

The "Preventing childhood obesity" report found a strong correlation between economic hardship—poverty, unemployment, crowded housing, lack of education—and the prevalence of youth obesity. Cities and communities with low rates of obesity (Manhattan Beach, Palos Verdes Estates, Beverly Hills, etc.) generally ranked low in economic hardship factors, while communities with high rates of obesity (Maywood, San Fernando, Florence-Graham, etc.) generally ranked high. The relationship can be counterintuitive, Dr. Simon said, since 50 years ago, poor citizens tended to be underweight and malnourished. Now, however, cheap foods are calorie-dense, oversized portions are often served in inexpensive eateries, and few outlets for physical activity exist in poor communities.

Obese children tend to become obese adults, and obesity also lays the groundwork for the earlier onset of chronic diseases during adulthood—heart disease, stroke, diabetes, arthritis, and cancer—all of which add to the skyrocketing cost of health care. Obese children are more susceptible to Type 2 diabetes (formerly known as adult-onset diabetes), asthma, orthopedic problems, fatty liver disease, high blood pressure, obstructive sleep apnea, and reduced cardiac function. Psychosocially, many experience depression, social marginalization, low self-esteem, poor school performance, and a reduced quality of life.

What can be done? Dr. Simon sees a battle of several decades to reverse the obesity epidemic, and outlined several tactics:

- Billions are spent yearly on **commercial weight-loss programs**, but little evidence exists of their long-term impact.
- **Medical care** offers few options: some medications are available, but they are costly and tend to have unpleasant side effects. Gastric bypass and other extreme surgical remedies are likewise costly and often have complications.
- **Public education** is necessary, but is not enough to combat today's 'obesigenic' society, which promotes high caloric intake and has engineered physical activity out of most lives, especially with an increased dependence on the automobile.

- **Social marketing campaigns** (similar to the no-smoking push of the last 20 years) have great potential, but need robust funding streams.
- Addressing the toxic environment through **policy change** holds the greatest promise, but many countervailing forces exist.

Push-back from the food and beverage industries often occurs when policies to improve nutrition are proposed, such as:

- Removing sweetened beverages and junk food from vending machines in schools, public agencies, and businesses (the Los Angeles Unified School District has been one of the first districts in the country to address these issues)
- Updating nutrition standards for school meal programs (which the California legislature has recently done)
- Incentives to increase healthy food options in restaurants and cafeterias
- Nutrition labeling on restaurant menus
- Incorporating nutrition into restaurant grading programs
- Restricting food marketing to children
- Requiring healthy foods and beverages in government assistance programs like food stamps
- Promoting farmers' markets
- Levying a soda/sweetened-beverage tax

Policies to increase physical activity are often more warmly received:

- Mixed land use, which many cities in Los Angeles County are already integrating into their planning
- Public transportation
- Increased green space
- Increasing community 'walkability' through design change
- Bike paths and walking trails
- Joint use agreements between cities and schools
- Physical activity promotions and incentives in the workplace
- Incentives to comply with mandated school physical education (requirements are on the books, but few schools carry them out because of competing curriculum demands; no sanctions or consequences befall those failing to comply)

Current obesity-control efforts by the Department of Public Health include the area health offices that work directly with cities and communities on education and environmental change efforts, as well as the establishment of Dr. Simon's division of chronic disease and injury prevention, which sponsors a nutrition program, a physical activity and cardiovascular health program, and the PLACE (Policies for Livable Active Communities and Environments) program. Other division activities include:

- Public education efforts targeting the general public, schools, employers, health care providers, cities, community organizations, and the media
- Technical support on nutrition and physical activity

- Policy advocacy
- Research and surveillance

According to Commissioner Biondi, the food prepared by contracted vendors for Los Angeles County's probation camps and juvenile halls is universally bad, and—although state regulations require at least an hour of large-muscle work Monday through Friday—300 youth in the adult-charged compound are taken outside for exercise only 30 minutes a week. How can the Department of Public Health help force the county to provide balanced meals to its 4,000 incarcerated youth, and address those youth who are not permitted to exercise? DPH has instituted a food policy for the county, Dr. Simon said, which contracted vendors are required to follow. (When camps cook their own food, the quality is good, but contractor track records are dismal.) A Probation Department dietician makes recommendations, Probation liaison Andrea Gordon said, and that department's contract section would be the place for initial inquiries. DPH does not have the staff or authority to inspect or monitor facilities, but its three staff nutritionists and two physical activity specialists could provide technical assistance in creating standards, and DPH staff would be happy to present to decision-makers on the importance of these issues. About 30,000 youth are currently on probation, with 15,000 moving through the juvenile halls every year, and 5,000 through the probation camps.

Commissioner Friedman suggested a short-term measure, recommending to the Board of Supervisors that each child in foster care or on probation receive an inexpensive pedometer and be rewarded for taking 10,000 steps per day—walking being a reliable way, she believes, to get children feeling better about physical activity. Public schools may not comply with mandated physical education requirements, Commissioner Williams noted, but charter schools are worse, often having no facilities whatsoever for sports or other activities. Community safety issues also come into play with regard to exercise, Commissioner Kleinberg said. Creating parks and green spaces is one thing, but when even walking to get there is dangerous, families won't take the risk.

Commissioner Kleinberg urged the Commission to work with DCFS, Probation, and the Department of Public Health to educate children in the county's care, and also proposed coordinating more with the public schools to instruct young people in general about proper nutrition and exercise, relying on them to teach their parents. Portion control is as important as food type and quality, Commissioner Rudnick said, yet is difficult to reduce when larger portions are marketed as a bargain. First 5 LA is looking at obesity both in its policy agenda and in its public affairs efforts, Commissioner Williams said, and wants to interest the media in a childhood obesity thrust.

To work with schools and other agencies, Dr. Simon's section has spearheaded the Los Angeles Collaborative for Healthy, Active Children, a coalition of over 100 organizations and school districts. With over 10 million people in the county, figuring out the appropriate level at which to intervene is complex, and funding programs that address these issues family by family is a challenge.

Dr. Robert Gilchick, trained in preventive medicine and public health, worked in San Diego County in sexually transmitted disease control until February 2007, when he joined Los Angeles County's Department of Public Health as its director of child and adolescent health within the **maternal, child, and adolescent health division**. He distributed folders highlighting 17 programs that division sponsors which address all aspects of maternal, reproductive, perinatal, child, and adolescent health. Programs related to childhood obesity, which cuts across his and Dr. Simon's sections, include:

- Nutrition and physical activity guidelines for child care, which are being widely disseminated to licensed providers through the county's Office of Child Care
- Education materials and a toolkit for child care providers (in development)
- Policy changes to include stricter nutrition and activity requirements for child care licensing (being sought through the state Department of Education)
- A countywide learning collaborative on healthy weight for women of reproductive age
- Various breast-feeding initiatives

Reducing rates of obesity in pregnant women decreases the risk of their children being overweight, and a number of education and wellness programs in Dr. Gilchick's division target consumers and health care providers in that regard. Breast-feeding is another successful intervention, and staff are working with baby-friendly hospitals to promote breast-feeding prior to mothers and infants returning home. Research shows that 90 percent of Caucasian mothers will initiate breast-feeding, while only 60 percent of African-American mothers will because of various cultural stigmas and beliefs. Soul Food for Your Baby is a social marketing campaign trying to change those ideas and increase the acceptance of breast-feeding among African-American mothers.

Guidelines for child care providers are particularly important, Dr. Gilchick said—if children are five years old and in school before anyone pays attention to their weight and eating habits, it may be too late. NHANES data leaves out the age range of two to five years, but data indicates that the prevalence of obesity in that population, approximately 5 percent from 1976 through 1980, rose to 14 percent in 2000. Although what children eat in school is finally being scrutinized, that is not yet the case for day care, child care, and preschool facilities. (One of the county's largest Women, Infants and Children nutrition program providers was recently awarded a small grant to visit a sampling of day care sites to collect information on what children are eating and in what portion sizes, but this is only a first step in the data-gathering process.) Licensing in California is not done locally, but through the child care division of the California Department of Education, and the Board of Supervisors' support for statewide policy changes is vital.

Although Los Angeles County's Office of Child Care does no regulation per se, it does address quality assurance issues, and has recently developed a Steps to Excellence Program (STEP) rating system that is being launched at 25 pilot sites. Nutrition and physical activity measures are not currently included in STEP, but discussions are underway about incorporating them as the program expands.

At present, DPH has no resources to send other child-care program staff to STEP sites for training, but community collaboratives could build educational capacity through nurses, clinics, and other agencies. First 5 LA could also step up, with its contract management section requiring nutrition and physical activity education components in its child care and healthy birth initiatives. DCFS public health nurses, as well as the DPH nurses who are dedicated to DCFS children, could help families of young children link to appropriate resources, and other organizations may have similar resources for outreach. Chair Sorkin suggested that Commissioner Pedersen, the point person for the ad hoc child obesity sub-committee, take these suggestions to her group for further discussion.

Chair Sorkin thanked Dr. Simon and Dr. Gilchick for their presentations, expressing the Commission's interest in continuing to work with the Department of Public Health on enhancing the well-being of all children in Los Angeles County, and especially preventing childhood obesity.

PUBLIC COMMENT

There was no public comment.

MEETING ADJOURNED

Commissioners adjourned to tour the Homeboy Industries facility.